

CLARINDA SCHOOL**Auditorium Contract**☐ High School☐ Middle School**NAME OF ORGANIZATION** _____**TYPE OF ACTIVITY** _____**DATE RESERVED** _____**HOURS OF USE: From** _____ ☐ AM ☐ PM**Until** _____ ☐ AM ☐ PM**Space Required:** ☐ Front of Stage ☐ Half of Stage ☐ Full Stage ☐ Scene Shop space☐ Classroom space **Room No.'s** _____**Use of Lighting:**☐ House lights☐ Stage Lights**Use of Sound System:**☐ Microphones _____☐ CD or Taper Players**Other Requirements:**☐ Podium☐ Tables _____☐ Chairs _____**Special Needs:****Rental Fee** _____ **Custodial Fee** _____ **State Management Fee** _____**The reserving organization agrees to abide by the following instructions:**

1. The key to the facility will be picked up at the High School Office prior to 4:00 pm on the day of use and will be returned on the following morning. For weekend use the key will be picked up on Friday and returned on Monday.
2. The area of the facility used will be cleaned by the reserving organization.
3. Smoking is not permitted in any school building. Food and beverages are not allowed in the building except by special agreement.
4. The reserving organization will secure all exits before leaving the building.
5. The school administration has the right to refuse or revoke the reservation of the building.

For the Organization**Name** _____**Organization** _____**Address** _____**City** _____ **State** _____ **Zip** _____**Phone** _____**Date** _____**Signature** _____**For the School**_____
Michael Irvin**Position** Assistant Principal/Athletic Director**School Phone** 712-542-5167**School Fax** 712-542-4305**Date** _____**Signature** _____